

Office of the State Fire Marshal

Attn: Fire Sprinkler Licensing
1035 Stevenson Drive
Springfield, Illinois 62703-4259

License Application for Fire Sprinkler Contractor

Any person, partnership, corporation or other business entity that installs or repairs any fire sprinkler system in Illinois, except as otherwise permitted in Section 15(i) of the Fire Sprinkler Contractor Licensing Act [225 ILCS 317/15], is required to be licensed by the Office of the Illinois State Fire Marshal and pay a licensing fee for each business location. Please provide the following information (TYPE OR PRINT IN BLACK INK):

Name and Address of Business

License Number# _____

Name of Business: _____

Date business was organized: _____

Name of Authorized Representative/Owner: _____

Address: _____ Federal Employer Identification Number (FEIN): _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone () _____ Fax: () _____ Email Address: _____

1. **Officers of the Business.** The name, title and personal address of each officer of the business:

| | |
|----------------|------------------|
| Name: _____ | Title: _____ |
| Address: _____ | Phone: () _____ |
| Name: _____ | Title: _____ |
| Address: _____ | Phone: () _____ |
| Name: _____ | Title: _____ |
| Address: _____ | Phone: () _____ |
| Name: _____ | Title: _____ |
| Address: _____ | Phone: () _____ |

[Please attach the identity of any additional officer on a separate sheet of paper]

2. **Designated Certified Person (or *Responsible Managing Employee).** The name and personal address of the Designated Certified Person*

| | |
|----------------|------------------|
| Name: _____ | Title: _____ |
| Address: _____ | Phone: () _____ |

**Businesses in operation prior to January 3, 2000 may employ either a Designated Certified Person or a Responsible Managing Employee (a person responsible to provide supervision and to assure that each Sprinkler System is installed and repaired in accordance with State Law). Businesses organized after January 3, 2000 must employ a Designated Certified Person.*

Please Include:

Designated Certified Person. A copy of the Designated Certified Person's Illinois Professional Engineering License or NICET Level III certification in fire protection technology; automatic sprinkler layout.

*Responsible Managing Employee. On a separate sheet of paper please provide:

- a) Information on his/her last three years of work experience; and
- b) The name, address and telephone number for a person who can verify the above work experience.

[Please attach the identity of any additional persons on a separate sheet of paper]

3. **Other Locations of Business.** Please identify the address of other business locations from which the business is conducting business. This includes offices located outside Illinois. Please include the license number issued by the state, if applicable:

Address: _____ License No. _____

Address: _____ License No. _____

Address: _____ License No. _____

[Please attach additional information on a separate sheet of paper]

4. **Additional Information Required.**

- a) Certificate of insurance and proof of worker's compensation; and
- b) Business' organizational chart showing the supervisory duties of the designated certified person (or responsible managing employee if applicable).
- c) If the business is a corporation or partnership, please provide the following information:
 - 1) Corporation- the name and address of the registered agent; a copy of the Articles of Incorporation; and a copy of the Certificate of Authority to transact business in this State if a foreign corporation.
 - 2) Limited Partnership-a letter of authority from the Secretary of State's Limited Partnership Department.
- d) A certified copy of the Assumed Name Filing from the County clerk if the business operates under a different name than identified herein.
- e) For your employees or licensees involved in the inspection and/or testing of existing fire sprinkler systems and/or control equipment, provide proof of either (i) NICET Level II certification in Inspection and Testing of Water Based Systems (or its equivalent) or (ii) evidence of satisfactory completion of certified sprinkler fitter apprenticeship program.

5. **License Renewal.** You must complete Sections 1, 2, 3 and 4. You must also submit a current *certificate of insurance and proof of worker's compensation*.

6. **License Fee and Renewal License Fee.**

Once your application has been reviewed and approved, you will be invoiced for the \$1,500 fee. Failure to sign forms, submit necessary information, or provide attachments **will cause your application to be returned and no license will be issued until all requirements are complete.**

I certify that that I am authorized to sign this application and that all information contained herein is accurate and true, furthermore I certify that during the term of my Fire Sprinkler Contractor license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Signature: _____

Print Name: _____

Title: _____

Telephone No.: () _____ Date: _____